

**Richard Bingham, M.D.**  
**Board Certified in Pediatric & General Psychiatry**  
[www.whatsupdoc.us](http://www.whatsupdoc.us)

528 Cottage Street NE, Suite 1D  
Salem, OR 97301  
V: 503-584-9922; F:503-584-0303

### AGREEMENT

Dr. Bingham agrees to do a psychiatric assessment once this has been scheduled. Whether he does any treatment following that assessment will be decided together at the end of the assessment session. Whether he can do follow-up treatment will depend on how full his schedule is, the nature and severity of the problem and the availability of other resources in the community (including the primary care physician's ability to do the treatment).

When Dr. Bingham does do ongoing psychiatric care this involves medication treatment (usually), treatment response monitoring, focused and limited psychotherapy in short (10 to 20 minute) sessions, education and guidance, and when needed re-evaluation. Psychotherapy is almost always an important part of psychiatric treatment, and this may be especially true for children and adolescents. Dr. Bingham does do psychotherapy, but currently is unable to take any new patients for this aspect of treatment. Therefore you should have or find a therapist. You and your child will then have a *collaborative treatment* team (both a therapist and a psychiatrist); this is quite common.

If Dr. Bingham has a contract with my insurer (i.e. he is a "provider"---see the website), then I am responsible for the copay or co-insurance, and any unmet deductible at the time of the visit (by check or cash only). If Dr. Bingham does not have a contract with my insurer (and he does not do single-case agreements), then I will send in the \$290 fee for the initial appointment with this agreement. And thereafter I will pay the fee at the time of the visit. Dr. Bingham will provide a bill which may be submitted to my insurance for reimbursement.

If there are service charges which are not covered by my insurance, and Dr. Bingham can reasonably anticipate those, then he will let me know in advance so I may decide whether to choose to do that service or not. The initial \$55 charge which pays for the time and materials involved in the New Patient Packet is an example of this. I also charge a \$100 late cancellation or no-show fee for initial appointments that are not cancelled a week in advance.

My signature below indicates that I understand and agree to all of the above, and that I have called to clarify anything if needed. Please choose: \_\_\_ **STANDARD** \_\_\_ **RAPID**

\_\_\_\_\_  
Patient Name (print)

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adult Patient Signature

\_\_\_\_\_  
Date